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09/23/2025 03:25:32 PM
AFFID 1/3

Prepared by and after recording return to

Name: Avenue 365 Lender Services, LLC

Firm/Company: Avenue 365 Lender Services, LLC

Address: One Oxford Valley

Address 2: 2300 East Lincoln Highway Suite 700

City, State, Zip: Langhorne, PA 19047

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Reference# NZ25551168US

AFFIDAVIT OF DEATH - JOINT TENANT

STATE OF **Alabama**
COUNTY OF **Shelby**

Royce A. Williamson, of legal age, being first duly sworn, deposes and says:

1. That **Geoge Michael Williamson**, the decedent mentioned in the attached copy of Certificate of Death, is the same person as **George M. Williamson** as one of the parties in that certain Deed dated **January 26, 1996** executed by **GEORGE M. WILLIAMSON AND WIFE, ROYCE A. WILLIAMSON, FOR AND DURING THEIR JOINT LIVES AND UPON THE DEATH OF EITHER OF THEM, THEN TO THE SURVIVOR OF THEM IN FEE SIMPLE, TOGETHER WITH EVERY CONTINGENT REMAINDER AND RIGHT OF REVERSION**, recorded as Book # Page # Instrument: **1996-02823** in the Office of the County Recorder of the Shelby, covering the following described property situated in the said County of Shelby.

See Exhibit "A" attached hereto and incorporated herein by reference.

Affiant knows that Avenue 365, its affiliates and their respective underwriter(s) (hereinafter, "Title Company") are relying on the statements contained herein to be true and correct and without the true facts contained herein said Title Company its affiliates and their respective underwriter(s) would not issue its policy.

FURTHER AFFIANT SAYETH NOT.

Royce A. Williamson
Royce A. Williamson
AFFIANT

DYLAN MESSIMER
NOTARY PUBLIC
JEFFERSON COUNTY
ALABAMA-STATE AT LARGE
MY COMMISSION EXPIRES MARCH 27, 2026

State Alabama
County Shelby

On this 17 day of September, 2025, before me appeared Royce A. Williamson, as the Principal who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that (s)he executed same as his/her free act and deed.

Dylan Messimer

Notary Public

Printed Name: Dylan Messimer My commission expires: 3/27/2026

Exhibit "A"

LOT 7, ACCORDING TO THE SURVEY OF OAKWOOD VILLAGE, PHASE ONE, AS RECORDED IN MAP BOOK 19, PAGE 163, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

MINERALS AND MINING RIGHTS EXCEPTED.

THIS IS A TRUE AND EXACT COPY OF THE RECORD ON FILE WITH THE CHAMBERS COUNTY HEALTH DEPARTMENT.

Mary K Whorton
SIGNATURE OF LOCAL REGISTRAR

July 30, 2012
DATE OF ISSUE

TYPE IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

ALABAMA
CERTIFICATE OF DEATH

County File Number —

State File Number 101

DECEASED

1. DECEASED—NAME (First, Middle, Last [Type last name all capitals])		2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
George Michael WILLIAMSON		July 11, 2012	Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)	
Alabaster 35007	Yes	Shelby Baptist Medical Center	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)	8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
Inpatient	No	White	Male

11. AGE	12. UNDER 1 YEAR: MOS.	DAYS	UNDER 1 DAY: HOURS	MINS.	13. DATE OF BIRTH (Month, Day, Year)	14. [redacted] NUMBER
65 YRS.					July 4, 1947	

15. EDUCATION (Specify ONLY highest grade completed below)		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No)
Elementary or High School (0-12)	College (1-4 or 5+)			
12th		Married	Royce Adams	Yes

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Georgia	Alabama	Shelby	Alabaster 35007

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
Yes	138 Pebble Lane	Mrs. Royce Williamson 138 Pebble Lane Alabaster, Al. 35007

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
Mechanic	Transportation South

28. FATHER—NAME (First, Middle, Last)	29. MAIDEN NAME OF MOTHER— (First, Middle, Last)
George Edgar Williamson	Myra Lee Laney

BURIAL

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)
Burial	July 14, 2012	Pleasant Grove Cemetery	LaFayette, Alabama

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Jeff Jones Funeral Home P.O. Box 209 LaFayette, Al. 36862	Jeffy M Jones	July 28, 2012

CERTIFIER

37. ✓ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated."
— Medical Examiner — Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner stated.
Signature: Dale Elliott MD

38. DATE SIGNED (Month, Day, Year): 7/19/2012

39. TIME AND DATE OF DEATH	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)
0035 7/11/2012		Dale C. Elliott M.D

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 1000 1st Street N. Alabaster AL 35007

43. CERTIFIER LICENSE NUMBER: 06974

44. REGISTRAR— Signature: Mary K Whorton — For State or County use only

45. DATE FILED (Month, Day, Year): July 30, 2012

MEDICAL CERTIFICATION

CAUSE

46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Anoxic Encephalopathy	
	DUE TO (OR AS A CONSEQUENCE OF): b. Cardiac Arrest	
Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): c. Acute Anterior Myocardial Infarction	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: None

48. WAS THERE A PREGNANCY IN LAST 12 DAYS? (Specify Yes, No, or Unk.): N/A

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
Natural Cause	No	N/A

52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)	53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY
N/A	N/A	N/A

55. INJURY AT WORK (Specify Yes or No)	56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)	57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)
N/A	N/A	N/A

This is a legal record and must be filed within five (5) days after death.

ADPH-HS 2/Rev. 11/93

NAME OF DECEASED George Michael Williamson SSN 411-62-0614